



Application For Membership

Back 40 Flying Club, Inc.
 Jim Richardson, Membership Chairman
 5214 Winchester Road, Fort Wayne, Indiana 46819
 Phone 260 747 7070 Membership@Back40FC.com

Personal Information

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ - _____
 How long at this Address: _____ years
 Home Phone: (____) _____ - _____
 Pager/Cell: (____) _____ - _____
 Office Phone: (____) _____ - _____
 FAX: (____) _____ - _____
 Home E-mail: _____
 Office E-mail: _____

Age: _____ Date of Birth: ____/____/____
 Weight: _____ Hair Color: _____
 Height: _____ Eye Color: _____
 Married: Y N Spouse Name: _____

Occupation: _____
 Employer: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ - _____
 How Long: _____ years
 Previous Employer: _____
 How Long: _____ years

Home:

Own [] Buying [] Rent []
 Landlord: _____
 Address: _____
 Bank: _____
 Address: _____

Pilot Licenses, Ratings, and Hours

Student: ____ Solo Hours ____ XC Hours ____
 Supervising Instructor _____
 Private: [] Comm: [] ATP: []
 SEL: [] MEL: [] Instrument: [] Instructor: []
 Other: _____
 License Date: ____/____/____
 Medical: 1 2 3 Date: ____/____/____
 Physician: _____

HISTORY

Have you ever had a criminal record {arrest or conviction for misdemeanor or felony}: [Y] [N]
 Explain charge and disposition: _____

(Use other side as needed)

Have you ever had a driving violation (OWI, speeding, license suspension, etc.): [Y] [N]
 Explain charge and disposition: _____

(Use other side as needed)

Have you ever had an FAA violation (license suspension, revocation, re-exam): [Y] [N]
 Explain charge and disposition: _____

(Use other side as needed)

Why do you want to join the club? _____

(Use other side as needed)

Who recommended you? _____

Which club members do you know? _____

Do you have any skills that would benefit the Club? _____

(Use other side as needed)

I affirm that this application is an accurate record. When accepted for membership, I agree to abide by all club By-Laws and Operating Rules.

Signed: _____/____/____
 If under 21 must have signature of parent or guardian

Co-Signed: _____/____/____

Disposition

Action by the Membership Committee

Recommend: Approval Disapproval

_____ / __ / __
 Chairman Date

Action by the Board of Directors

Recommend: Approval Disapproval

_____ / __ / __
 Secretary Date

Use the space below for explanations

____ Number of Additional page(s) attached to this application.